

216021783
100525

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 068	Agency Case No. B6-047288	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/29/2016		TIME OF ACCIDENT 1643	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1645	05/29/2016								
B	84	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S 17th St and K St			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE							
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY S 17th St and K St											
V1/M	03	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	1	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b							
DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO													
VEHICLE NO. 1													
F	1	DRIVER LICENSE NO.	H13134308	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V1/N	2	DRIVER	JOSEPH D CONDON		PHONE	402-601-4964							
V2/N	2	DRIVER ADDRESS	121 WEST E ST, LINCOLN, NE 68508		DATE OF BIRTH (MM / DD / YYYY)	05/05/1988							
G	3	OWNER	JOSEPH D CONDON		PHONE	402-601-4964							
H	5	OWNER ADDRESS	121 WEST E ST, LINCOLN, NE 68508		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB511834							
V1/O	4	LICENSE PLATE	TE NO. TWD286	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V2/O	3	VEHICLE	1995	MAKE	GMC	MODEL	SONOMA	BODY STYLE	Pickup truck	COLOR	red	ESTIMATED DAMAGE	<input checked="" type="radio"/> TOALED \$
V1/O	4	VEHICLE ID NO. (VIN)	1GTCS14W2SK501880		INSURANCE COMPANY	PROGRESSIVE UNIVERSAL							
V2/O	3	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL TOWING		POLICY NO.	902234322				
VEHICLE NO. 2													
I	1	DRIVER LICENSE NO.	R560-0169-1717-02		STATE (Of License)	WI	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE						
V1/P	1	DRIVER	ABIGAIL R RIEMER		PHONE	414-573-2229							
V2/P	1	DRIVER ADDRESS	3120 S 72ND ST #181, LINCOLN, NE 68506		DATE OF BIRTH (MM / DD / YYYY)	06/17/1991							
J	01	OWNER	ABIGAIL R RIEMER / JACOB J REMSZA		PHONE	414-573-2229							
V1/Q	1	OWNER ADDRESS	3120 S 72ND ST APT 181, LINCOLN, NE 68506		CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.							
V2/Q	1	LICENSE PLATE	PA NO. TVT133	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE						
V2/Q	1	VEHICLE	2015	MAKE	Nissan	MODEL	SENTRA	BODY STYLE	4 door Sedan	COLOR	purple	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 5000
V2/Q	1	VEHICLE ID NO. (VIN)	3N1AB7AP8FY270856		INSURANCE COMPANY	PROGRESSIVE NORTHERN							
K	02	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL TOWING		POLICY NO.	902849459				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	1	NAME	JOSEPH D CONDON 121 WEST E ST, LINCOLN, NE 68508		DATE OF BIRTH	05/05/1988		01	1	02	3	1	M
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	2	NAME	ABIGAIL R RIEMER 3120 S 72ND ST #181, LINCOLN, NE 68506		DATE OF BIRTH	06/17/1991		01	1	03	4	1	F
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	2	NAME	JACOB J REMSZA 3120 S 72ND ST #181, LINCOLN, NE 68506		DATE OF BIRTH	09/26/1990		03	1	03	4	4	M
		LOCAL NO.	MEDICAL FACILITY NAME BryanLGH Medical Center West (Lincoln General)		EMS SERVICE NAME			EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-047288

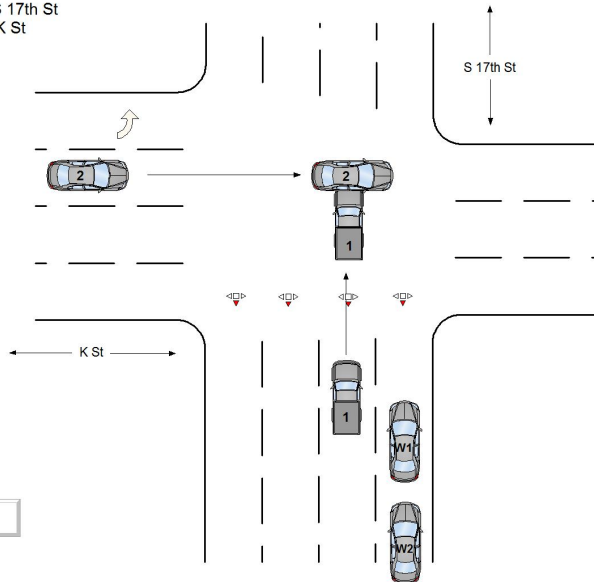


Indicate
North
by Arrow



POI: 18' 9 W of E curb of S 17th St
11' 3 S of N curb of K St

NO SKIDS



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh #2 states she was driving eastbound on K St, in the second lane from the north curb, when she entered into the intersection of S 17th and K St when she was struck on the passenger side door by veh #1.

Driver of veh #1 stated he was driving northbound on S 17th St, in the second lane from the east curb, when he began looking behind him to prepare to change lanes. Driver #1 stated when he looked back to the road, he was already in the intersection and was unable to avoid striking veh #2 on the passenger door.

Witness #1 was slightly behind veh #1 in the east most lane of S 17th St when she observed the accident. Witness #1 stated the light for northbound traffic was red.

Witness #2 stated he was directly behind Witness #1, also stating the northbound traffic light was red.

Driver of veh #1 was cited and released for Violate Traffic Signal.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME CAROLYN S LYNN	ADDRESS 4549 HUNTINGTON AVE #2, LINCOLN, NE 68504	PHONE 402-613-0277		
	NAME ZIA A HOSSAINI	ADDRESS 2715 ODESSA CT, LINCOLN, NE 68516	PHONE 402-770-4000		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2																
1	X				S 17TH ST	POINT OF IMPACT	01	POINT OF IMPACT	03	1				2				Driver No. 1						
2			X		K ST	POINT OF IMPACT	01	POINT OF IMPACT	03	2				2				Driver No. 2						
1	01	06 Turning left				MOST DAMAGED AREA	01	MOST DAMAGED AREA	03	1				2				1						
2	01	08 Entering traffic lane				MOST DAMAGED AREA	01	MOST DAMAGED AREA	03	2				2				1						
01 Essentially straight ahead					02 Backing					03 Changing lanes					04 Overtaking/Passing					05 Turning right				
06 Turning left					07 Making U-turn					08 Entering traffic lane					09 Leaving traffic lane					10 Parked				
09 Leaving traffic lane					10 Parked					11 Slowing or stopped in traffic					12 Other					13 Unknown				
11 Slowing or stopped in traffic					12 Other					13 Unknown														
12 Other					13 Unknown																			
13 Unknown																								
OFFICER NO. 1586					TROOP/TEAM/BEAT NW					DEPARTMENT Lincoln Police Department					Photographs taken? YES NO									
INVESTIGATOR NAME (Print or Type) Robert Martin					INVESTIGATOR SIGNATURE Approved by Robert Martin					DATE OF REPORT 05/29/2016														